

Application Data Sheet

Application Information

Filing Date::	09/16/2003
Application Type::	Continuation
Subject Matter::	Utility
Suggested Group Art Unit::	None
CD-ROM or CD-R?::	None
Title::	TUMOR ABLATION NEEDLE WITH INDEPENDENTLY ACTIVATED AND INDEPENDENTLY TRAVERSING TINES
Attorney Docket Number::	2024728-7031453001 (00-011US2)
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figures::	5
Total Drawing Sheets::	4
Small Entity::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity

Given Name::	Dean A.
Family Name::	Schaefer
City of Residence::	Alton
State or Province of Residence::	NH
Country of Residence::	US
Street of mailing address::	196 Alton Mt. Rd
City of mailing address::	Alton
Country of mailing address::	US
State or Province of mailing address::	NH
Postal or Zip Code of mailing address::	03810
Applicant Authority type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	David
Family Name::	Paulk
City of Residence::	Hopedal
State or Province of Residence::	MA
Country of Residence::	US
Street of mailing address::	19 Bensway
City of mailing address::	Hopedal
Country of mailing address::	US
State or Province of mailing address::	MA
Postal or Zip Code of mailing address::	01747

Applicant Authority type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: John
Family Name:: Sherry
City of Residence:: Watertown
State or Province of Residence:: MA
Country of Residence:: US
Street of mailing address:: 480 Pleasant Street
City of mailing address:: Watertown
Country of mailing address:: US
State or Province of mailing address:: MA
Postal or Zip Code of mailing address:: 02472

Correspondence Information

Name:: Bingham McCutchen, LLP
Street of mailing address:: Three Embarcadero, Suite 1800
City of mailing address:: San Francisco
Country of mailing address:: US
State or Province of mailing address:: CA
Postal or Zip Code of mailing address:: 94111-4067
Telephone:: (650) 849-4400
Fax:: (650) 849-4800

Representative Information

Representative Customer Number:: 23639

Representative **Registration Number::** **Name::**

Designation::

Primary 37,104 David T. Burse

Domestic Priority Information

Application:: **Continuity Type::** **Parent Application::** **Parent Filing**

Date::

This Application Continuation of 09/897,483 07/02/2001

which claims benefit of 60/216,198 07/06/2000

Assignee Information

Name:: Scimed Life Systems, Inc.

Mailing Address:: One Scimed Place, Maple Grove, Minnesota
55311-1566